



Executive Summary

Understanding the Current State of Nursing Academic Progression in the Commonwealth of Pennsylvania

Charting a Course for the Future Report to Pennsylvania Action Coalition on Academic Progression Nursing

Conducted by the Pennsylvania Coalition for the Advancement of Nursing Education (PCANE) and Pennsylvania Academic Progression in Nursing (PAPiN)

The *Future of Nursing: Leading Change, Advancing Health*, (IOM, 2011) issued a historic call to action to increase the proportion of nurses with baccalaureate degrees to 80% by the year 2020. Through academic progression, nurses can continue their education following initial licensure (Licensed Practical Nurse (LPN) and Registered Nurse (RN)) to attain higher degrees (BSN through graduate and doctoral degrees) to meet the growing challenges of nursing and healthcare.

Pennsylvania has a statewide Articulation Agreement, adopted by the Pennsylvania Higher Education Nursing Schools Association, Inc. (PHENSA) in 1994, available for viewing on the American Association of Colleges of Nursing website. The statewide agreement allows for each college or university to establish its own admission criteria, admission processes, and transferability standards. Thus, the RN-BSN academic progression models currently in place are institutionally specific with no consistent model utilized throughout the Commonwealth. Existing RN-BSN programs differ in admission processes, seamlessness of enrollment for the ADN/Diploma graduate, number and type of transfer credits awarded, requirements for testing to receive credit, and the number of general education and elective credits permitted to be taken at the pre-licensure level prior to enrollment in the RN-BSN program.

The purpose of this project was to assess educational program data for the Commonwealth by considering the strengths and weaknesses of LPN and RN academic mobility programs, identify academic best practices, and recommend next steps aimed at reaching the IOM recommendation.

This summary reports the findings from a 2014 survey of educational programs. The data collection process was designed to provide information to the PA-AC to promote change and design quality improvement strategies, rather than to employ a strict scientific research process. Results indicated that:

- The PN program survey data indicated that the majority of programs in the Commonwealth did not have any formal PN to ADN articulation agreements. Of the 42 responses to this item, only 33.3% (14) of the PN programs indicated that they had such agreements.
- All fourteen (100%) of the responding Diploma RN programs indicated that they have formal articulation agreements for completion of the BSN degree. In addition, all



programs (100%) indicated that the articulation agreements with BSN programs included criteria that were clearly identified, consistently applied, and published for some (14.3%), if not all (78.6%), of their articulation agreements.

- Eighty three percent (10) of responding ADN Nursing Programs have written articulation agreements with at least one baccalaureate degree nursing program. Two ADN Nursing Programs indicated that they do not have any RN-BSN articulation agreements. All programs (100%) indicated that the articulation agreements with BSN programs included criteria that were clearly identified, consistently applied, and published for some (40%), if not all (60%), of their articulation agreements.
- Of the twenty-nine responding BSN programs, eight (27.6%) indicated that they had no articulation agreements with either ADN or Diploma Programs. The majority of responding BSN programs (67.9%) do not have dual admission agreements with either ADN or Diploma RN programs.

The primary RN-BSN model utilized in the state is that of the articulation model. Although 100% of Diploma programs have established formal RN-BSN articulation agreements, not all ADN programs have established RN-BSN articulation agreements. Programs identified “best practice” partners and indicated that some of the articulation agreements facilitate seamless progression to the BSN. Fewer programs have dual admission agreements, however those programs reported fewer barriers related to automatic enrollment, additional review, or repetitive courses for the graduate when advancing to the BSN. Some models of BSN completion present in other states, like dual enrollment with no stop out for the ADN or community colleges that confer a BSN, do not appear to exist in the Commonwealth (per responding programs). Barriers to adopting these models may be legislative, regulatory, or the result of accreditation processes. Data also suggest that a limited number of PN-RN, PN-BSN and RN-MSN programs exist in Pennsylvania.